

UNIQUE WELL I.D. NUMBER A B R 4 2 5  
X Y Z 1 2 3

(Fairway Estates)

## WELL TAGGING FORM

Date of Field Visit 8/8/94 By E. HUNTINGTON

### ADDITIONAL WELL IDENTIFIERS

Department of Health System ID Number 24524 J Source Number SO 1

USGS Site Identification \_\_\_\_\_

### RECORD VERIFICATION

- ☒ Well Report available (please attach)  
☐ Well Report not available  
☐ Verification inconclusive

### WELL OWNERSHIP, IF DIFFERENT FROM WELL REPORT

Name Fairway Estates

Street address 2295 Fairlane Ave

City OAK HARBOR State WA

### LOCATION OF WELL, IF DIFFERENT FROM WELL REPORT

Well Address same as report

City \_\_\_\_\_ County \_\_\_\_\_

T. \_\_\_\_\_ N. R. \_\_\_\_\_ W.M. Sec. \_\_\_\_\_ 1/4 of the \_\_\_\_\_ 1/4

Latitude \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ "

Longitude \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ "

Elevation at land surface \_\_\_\_\_ feet/meters (circle one)

- ☐ GPS (raw data)  
☐ GPS (corrected)  
☐ Topographic Map  
☐ Survey  
☐ Computer generated  
☐ Other \_\_\_\_\_  
☐ Digital Altimeter  
☐ Topographic Map  
☐ Other \_\_\_\_\_

Additional information, if available:

☒ Location marked on topographic map (please attach)

☐ Location marked on air photo (please attach)

Water Right # 10381-A Priority Date \_\_\_\_\_

Circle one: Application Permit Certificate Claim Exempt

## WELL CHARACTERISTICS

Physical Description of Well (size of casing, type of well, housing, etc.): Encased housing  
casing '0'-200' screens 186 to 196'

Location of Well Identification Tag: \_\_\_\_\_

Was Supplemental Tag needed for ease of identifying well?

☐ NO

☒ YES

If yes, where was tag placed? \_\_\_\_\_

Scale 1:24,000 (1"=2,000')

D	C	B	A
E	F	G	H
M	L	K	J
N	P	Q	R

Indicate the location of the well within the Section by drawing a dot at that point.

SECTION A

COMMENTS: See attached report

STATE OF WASHINGTON  
DEPARTMENT OF CONSERVATION  
DIVISION OF WATER RESOURCES

Cert. 6381-A - 48 gpm, 24 AF comm dom  
WELL LOG

Record by Driller

Source Driller's Record

Location State of WASHINGTON

County Island

Area 1100 S 75 W of NE Cor

Map  
Plat of Fairway Estates, Div. #1  
E 1/4 NE 1/4 sec 4 T 32N, R 1 E

Drilling Co Whidby Drillers

Address P. O. Box 277, Oak Harbor, Washington

Method of Drilling Date May 16, 1966

Owner Bernard Christensen

Address Oak Harbor, Washington

Land surface, datum ft above

SWL 150' Date May 16, 1966 Dims 6"x206'

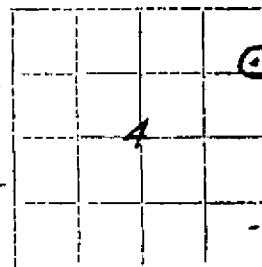
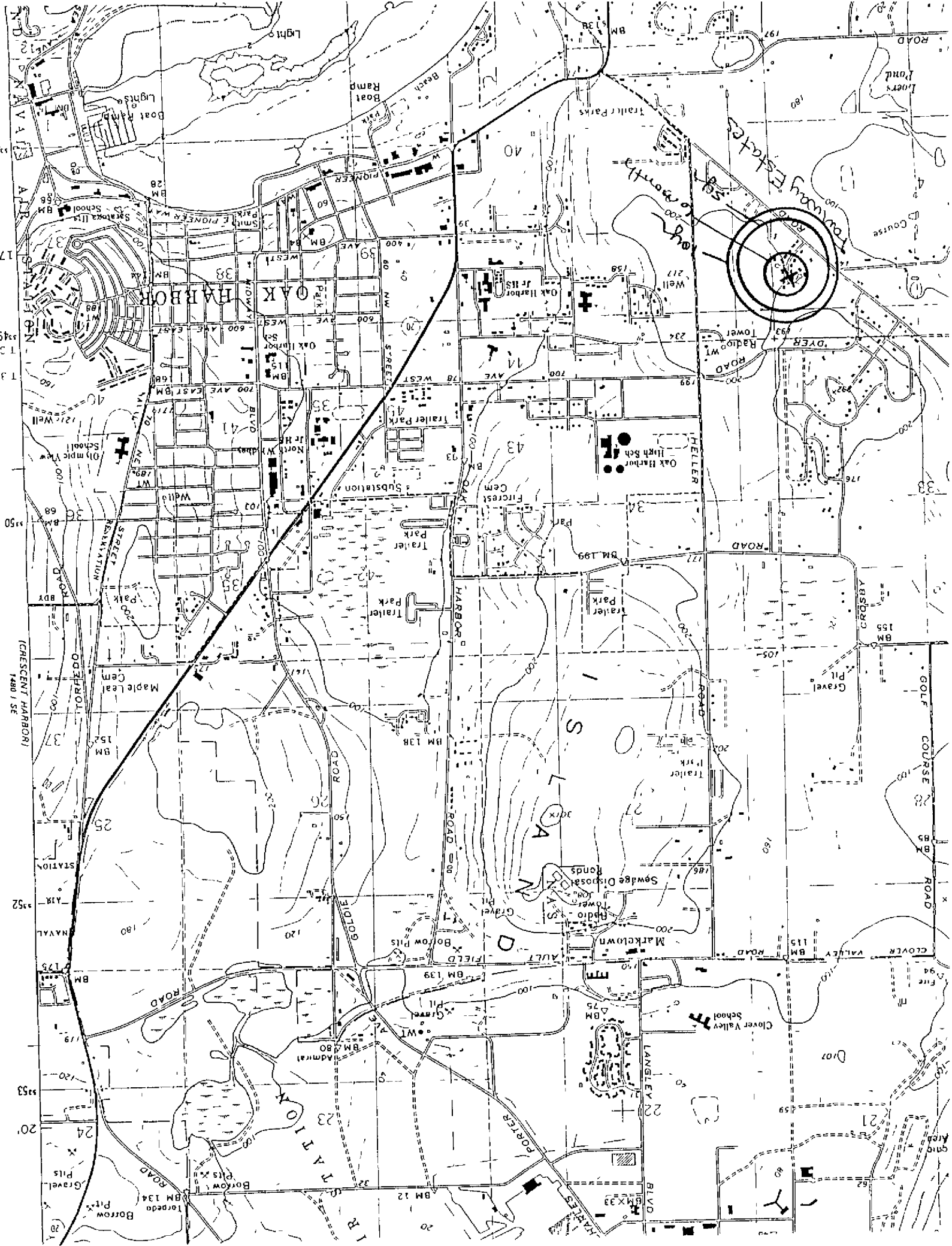


Diagram of Section

CORRE- LATION	MATERIAL	From (feet)	To (feet)
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(Transcribe driller's terminology literally but emphasize as necessary in parentheses. If material water bearing, so state and record static level if reported. Give depths in feet below land surface datum unless otherwise indicated. Correlate with stratigraphic column, if feasible. Following log of materials list all casings, perforations, screens, etc.)

Community domestic supply			
Gravel		0	19
Hardpan		19	51
Clay, sandy		51	140
Sand		140	150
Sand, (water)		150	206
Casing	from 0' to 206'		
Screens	from 186' to 196'		
	from 196' to 206'		
Yield	60 gpm with 16' DD after 24 hrs.		
Recovery			
time	water level	time:	water level
0 min	166'	0.15	150'
Date of test	May 16, 1966		
Temp	56°		
Pump	5 HP Submersible, Reda		



**Ground Water Contamination  
Susceptibility Assessment Survey Form**  
Version 2.1

IMPORTANT! Please complete one form for each ground water source  
(well, wellfield, spring) used in your water system  
Photocopy as necessary

**PART I: System Information**

Well owner/manager Fairway Estates Inc / Chuck Kery

Water system name Fairway Estates

County Island

Water system number 24524J Source number 501

Well depth 220 (ft) (From WFI form)

Source name Well #1

WA well identification tag number \_\_\_\_\_

\_\_\_\_\_ well not tagged

Number of connections 28 Population served 28

Township 32N Range 01E

Section 04 1/4 1/4 Section NE/NE

Latitude/longitude (if available) \_\_\_\_\_/\_\_\_\_\_

How was lat /long determined?

\_\_\_\_\_ global positioning device \_\_\_\_\_ survey \_\_\_\_\_ topographic map

\_\_\_\_\_ other \_\_\_\_\_

\* Please refer to Assistance Packet for details and explanations of all questions in Parts II through V

**PART II: Well Construction and Source Information**

1) Date well originally constructed 5 / 1 / 66 month/day/year

last reconstruction     /     /     month/day/year

\_\_\_\_\_ information unavailable

2) Well driller Whidbey Well Drillers

☐ well driller unknown

3) Type of well

☐ Drilled ☐ rotary ☐ bored ☐ cable (percussion) ☐ Dug

☐ Other ☐ spring(s) ☐ lateral collector (Ranney)

☐ driven ☐ jetted ☐ other \_\_\_\_\_

Additional comments \_\_\_\_\_

4) Well report available? ☒ YES (attach copy to form) ☐ NO Drillers Record

If no well log is available, please attach any other records documenting well construction; e.g. boring logs, "as built" sheets, engineering reports, well reconstruction logs

5) Average pumping rate 25 (gallons/min)

Source of information WFI

If not documented, how was pumping rate determined? \_\_\_\_\_

☐ Pumping rate unknown

6) Is this source treated?

If so, what type of treatment

☒ disinfection ☐ filtration ☐ carbon filter ☐ air stripper ☐ other

Purpose of treatment (describe materials to be removed or controlled by treatment)

Protect Against Bacteria

7) If source is chlorinated is a chlorine residual maintained ☒ YES ☐ NO

Residual level .2 (At the point closest to the source)

**PAKt III: Hydrogeologic Information**

1) Depth to top of open interval [check one]

☐ < 20 ft   ☐ 20-50 ft   ☐ 50-100 ft   ☒ 100-200 ft   ☐ > 200 ft

☐ information unavailable   ('<' means less than, '>' means greater than)

2) Depth to ground water (static water level)

☐ < 20 ft   ☐ 20-50 ft   ☐ 50-100 ft   ☒ > 100 ft

☐ flowing well/spring (artesian)

How was water level determined?

☒ well log   ☐ other Drillers Record

☐ depth to ground water unknown

3) If source is a flowing well or spring, what is the confining pressure

psi (pounds per square inch)

or

feet above wellhead

4) If source is a flowing well or spring, is there a surface impoundment, reservoir, or catchment associated with this source   ☐ YES   ☐ NO5) Wellhead elevation (height above mean sea level)    (ft)How was elevation determined?   ☐ topographic map   ☐ Drilling/Well Log   ☐ altimeter

☐ other \_\_\_\_\_

☒ information unavailable

6) Confining layers (This can be completed only for those sources with a drilling log, well log or geologic report describing subsurface conditions Please refer to assistance package for example )

☒ evidence of a confining layer in well log

☐ no evidence of a confining layer in well log

If there is evidence of a confining layer, is the depth to ground water more than 20 feet above the top of the open interval?   ☒ YES   ☐ NO

☐ information unavailable

## 7) Sanitary setback

\_\_\_ < 100 ft\* \_\_\_ 100-120 ft ☒ 120-200 ft \_\_\_ > 200 ft  
\* if less than 100 ft describe the site conditions

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## 8) Wellhead construction



wellhead enclosed in a wellhouse

\_\_\_

controlled access (describe)

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\_\_\_

other uses for wellhouse (describe)

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\_\_\_

no wellhead control

## 9) Surface seal

\_\_\_

18 ft

\_\_\_

&lt; 18 ft (no Department of Ecology approval)

(' &lt; ' means less than)

\_\_\_

&lt; 18 ft (Approved by Ecology, include documentation)

(' &lt; ' means less than)

\_\_\_

&gt; 18 ft

(' &gt; ' means greater than)



depth of seal unknown

\_\_\_

no surface seal

## 10) Annual rainfall (inches per year)

\_\_\_

&lt; 10 in/yr



10-25 in/yr

\_\_\_

&gt; 25 in/yr

# PART IV: Mapping Your Ground Water Resource

1) Annual volume of water pumped 2,538,600 (gallons)

How was this determined?

☒ meter

☐ estimated ☐ pumping rate (\_\_\_\_\_)

☐ pump capacity (\_\_\_\_\_)

☐ other \_\_\_\_\_

2) "Calculated Fixed Radius" estimate of ground water movement  
(see Instruction Packet)

6 month ground water travel time : 220 (ft)

1 year ground water travel time 310 (ft)

5 year ground water travel time 700 (ft)

10 year ground water travel time 980 (ft)

Information available on length of screened/open interval?

☐ YES

☐ NO

Length of screened/open interval 20 (ft)

3) Is there a river, lake, pond, stream, or other obvious surface water body within the 6 month time of travel boundary? ☐ YES ☒ NO (mark and identify on map)

4) Is there a stormwater and/or wastewater facility, treatment lagoon, or holding pond located within the 6 month time of travel boundary? ☐ YES ☒ NO (mark and identify on map)

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PART V: Assessment of Water Quality

### 1) Regional sources of risk to ground water

Please indicate if any of the following are present within a circular area around your water source having a radius up to and including the five year ground water travel time

	6 month	1 year	5 year	unknown
likely pesticide application	_____	_____	_____	_____
stormwater injection wells	_____	_____	_____	_____
other injection wells	_____	_____	_____	_____
abandoned ground water well	_____	_____	_____	_____
landfills, dumps, disposal areas	_____	_____	_____	_____
known hazardous materials clean-up site	_____	_____	_____	_____
water system(s) with known quality problems	_____	_____	_____	_____
population density > 1 house/acre	_____	_____	_____	_____
residences commonly have septic tanks	<input checked="" type="checkbox"/>	_____	_____	_____
Wastewater treatment lagoons	_____	_____	_____	_____
sites used for land application of waste	_____	_____	_____	_____

Mark and identify on map any of the risks listed above which are located within the 6 month time of travel boundary? *(Please include a map of the wellhead and time of travel areas with this form Please locate and mark any of the following )*

If other recorded or potential sources of ground water contamination exist within the ten year time of travel circular zone around your water supply, please describe

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2) Source specific water quality records

Please indicate the occurrence of any test results since 1986 that meet the following conditions  
(Unless listed on assessment, MCLs are listed in assistance package )

A Nitrate (Nitrate MCL = 10 mg/l ) YES NO

Results greater than MCL \_\_\_ ~~X~~

< 2 mg/liter nitrate \_\_\_ ~~X~~

2-5 mg/liter nitrate \_\_\_ ~~X~~

> 5 mg/liter nitrate \_\_\_ ~~X~~

\_\_\_ Nitrate sampling records unavailable

B VOCs (VOC detection level 0.5 ug/l or 0.0005 mg/l ) YES NO

Results greater than MCL or SAL \_\_\_ ~~X~~

VOCs detected at least once \_\_\_ ~~X~~

VOCs never detected \_\_\_ ~~X~~

\_\_\_ VOC sampling records unavailable

C EDB/DBCP YES NO

(EDB MCL = 0.05 ug/l or 0.00005 mg/l DBCP MCL = 0.2 ug/l or 0.0002 mg/l )

EDB/DBCP detected below MCL at least once \_\_\_ ~~N/A~~

EDB/DBCP detected above MCL at least once \_\_\_ ~~N/A~~

EDB/DBCP never detected \_\_\_ ~~N/A~~

\_\_\_ EDB/DBCP tests required but not yet completed

\_\_\_ EDB/DBCP tests not required

D Other SOC's (Pesticides) YES NO

Other SOC's detected \_\_\_

(pesticides and other synthetic organic chemicals) NOT Tested yet

\_\_\_ Other SOC tests performed but none detected

(list test methods in comments)

\_\_\_ Other SOC tests not performed

If any SOC's in addition to EDB/DBCP were detected, please identify and date. If other SOC tests were performed, but no SOC's detected, list test methods here: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E Bacterial contamination

YES NO

Any bacterial detection(s) in the past 3 years in samples taken from the source (not distribution sampling records)

— ~~X~~

Has source (in past 3 years) had a bacteriological contamination problem found in distribution samples that was attributed to the source.

— ~~X~~

— Source sampling records for bacteria unavailable

**Part VI: Geographic or Hydrologic Factors Contributing to a  
Non-Circular Zone of Contribution**

The following questions will help identify those ground water systems which may not be accurately represented by the calculated fixed radius (CFR) method described in Part IV. For these sources, the CFR areas should be used as a preliminary delineation of the critical time of travel zones for that source. As a system develops its Wellhead Protection Plan for these sources, a more detailed delineation method should be considered.

1) Is there evidence of obvious hydrologic boundaries within the 10 year time of travel zone of the CFR? (Does the largest circle extend over a stream, river, lake, up a steep hillside, and/or over a mountain or ridge?)

— YES

~~X~~ NO

Describe with references to map produced in Part IV

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2) Aquifer Material

A) Does the drilling log, well log or other geologic/engineering reports identify that the well is located in an area where the underground conditions are identified as fractured rock and/or basalt terrain?

— YES

~~X~~ NO

B) Does the drilling log, well log or other geologic/engineering reports indicate that the well is located in an area where the underground conditions are primarily identified as coarse sand and gravel?

~~X~~ YES

— NO

3) Is the source located in an aquifer with a high horizontal flow rate? (These can include sources located on flood plains of large rivers, artesian wells with high water pressure, and/or shallow flowing wells and springs )

☐ YES

☒ NO

4) Are there other high capacity wells (agricultural, municipal and/or industrial) located within the CFRs?

a) Presence of ground water extraction wells removing more than approximately 500 gal/min within

	YES	NO	unknown
< 6 month travel time	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6 month-1 year travel time	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1-5 year travel time	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5-10 year travel time	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

b) Presence of ground water recharge wells (dry wells) or heavy irrigation within

	YES	NO	unknown
< 1 year travel time	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1-5 year travel time	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5-10 year travel time	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Please identify or describe additional hydrologic or geographic conditions that you believe may affect the shape of the zone of contribution for this source. Where possible, reference them to locations on the map produced in Part IV

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